

AN 2003589268 IN-PROCESS

DN PubMed ID: 14671407

TI Final height data, body composition and glucose metabolism in growth hormone-treated short children born small for gestational age.

AU Hokken-Koelega A C S; van Pareren Y; Sas T; Arends N

CS Division of Endocrinology, Department of Pediatrics, Erasmus University

Medical Center, Sophia Children's Hospital, Rotterdam, The Netherlands..

a.hokken@erasmusmc.nl

SO Hormone research, (2003) 60 Suppl 3 113-4.

Journal code: 0366126. ISSN: 0301-0163.

CY Switzerland

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS IN-PROCESS; NONINDEXED; Priority Journals

ED Entered STN: 20031216

Last Updated on STN: 20040107

L8 ANSWER 2 OF 29 MEDLINE on STN

AN 2002713618 MEDLINE

DN PubMed ID: 12475373

TI Adult growth hormone treatment reduces hypertension and obesity induced by an adverse prenatal environment.

AU Vickers M H; Ikenasio B A; Breier B H

CS The Liggins Institute for Medical Research, Faculty of Medical and Health

Sciences, University of Auckland, Private Bag 92019, Auckland, New Zealand..

m.vickers@auckland.ac.nz

SO Journal of endocrinology, (2002 Dec) 175 (3) 615-23.

Journal code: 0375363. ISSN: 0022-0795.

CY England: United Kingdom

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200301

ED Entered STN: 20021217

Last Updated on STN: 20030125

Entered Medline: 20030124

L8 ANSWER 3 OF 29 MEDLINE on STN

AN 2002229506 MEDLINE

DN PubMed ID: 11966735

TI Effects of GH replacement on 24-h ambulatory blood pressure and its circadian rhythm in adult GH deficiency.

AU Ahmad Aftab M; Hopkins Marion T; Weston Philip J; Fraser

William D; Vora

Jiten P

CS Department of Diabetes & Endocrinology, Royal Liverpool University

Hospital, Prescott Street, Liverpool L7 8XP, UK..

DRAAHMAD@yahoo.com

SO Clinical endocrinology, (2002 Apr) 56 (4) 431-7.

Journal code: 0346653. ISSN: 0300-0664.

CY England: United Kingdom

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200207

ED Entered STN: 20020423

Last Updated on STN: 20020713

Entered Medline: 20020711

L8 ANSWER 4 OF 29 MEDLINE on STN

AN 2001560816 MEDLINE

DN PubMed ID: 11607802

TI Integrated effects of the vasodilating beta-blocker nebivolol on exercise

performance, energy metabolism, cardiovascular and neurohormonal parameters in physically active patients with arterial hypertension.

AU Predel H G; Mainka W; Schillings W; Knigge H; Montiel J; Fallois J;

Agrawal R; Schramm T; Graf C; Giannetti B M; Bjarnason-Wehrens B; Prinz U;

Rost R E

CS Institute of Cardiology and Sports Medicine, German Sports University,

Cologne, Germany.. Predel@hrz.dshs_koeln.de

SO Journal of human hypertension, (2001 Oct) 15 (10) 715-21.

Journal code: 8811625. ISSN: 0950-9240.

CY England: United Kingdom

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200112

ED Entered STN: 20011022

Last Updated on STN: 20020122

Entered Medline: 20011204

L8 ANSWER 5 OF 29 MEDLINE on STN

AN 2000183559 MEDLINE

DN PubMed ID: 10718836

TI The influence of renal and cardiovascular abnormalities on blood pressure

in Turner syndrome.

AU Nathwani N C; Unwin R; Brook C G; Hindmarsh P C

CS The London Centre for Paediatric Endocrinology, University College London,

UK.. n.nathwani@ucl.ac.uk

SO Clinical endocrinology, (2000 Mar) 52 (3) 371-7.

Journal code: 0346653. ISSN: 0300-0664.

CY ENGLAND: United Kingdom

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200005

ED Entered STN: 20000525

Last Updated on STN: 20000525

Entered Medline: 20000515

L8 ANSWER 6 OF 29 MEDLINE on STN

AN 2000183558 MEDLINE

DN PubMed ID: 10718835

TI Blood pressure and Turner syndrome.

AU Nathwani N C; Unwin R; Brook C G; Hindmarsh P C

CS The London Centre for Paediatric Endocrinology, University College London,

London, UK.. n.nathwani@ucl.ac.uk

SO Clinical endocrinology, (2000 Mar) 52 (3) 363-70.

Journal code: 0346653. ISSN: 0300-0664.

CY ENGLAND: United Kingdom

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200005

ED Entered STN: 20000525

Last Updated on STN: 20000525

Entered Medline: 20000515

L8 ANSWER 7 OF 29 MEDLINE on STN

AN 1999447787 MEDLINE

DN PubMed ID: 10518081

TI The effects of long-term growth hormone treatment on cardiac left ventricular dimensions and blood

pressure in girls with Turner's syndrome. Dutch Working Group on Growth Hormone.

AU Sas T C; Cromme-Dijkhuis A H; de Muinck Keizer-Schrama S M; Stijnen T; van Teunenbroek A; Drop S L

CS Department of Pediatrics, Division of Endocrinology, Sophia Children's Hospital, Rotterdam, The Netherlands.

SO Journal of pediatrics, (1999 Oct) 135 (4) 470-6.
Journal code: 0375410. ISSN: 0022-3476.

CY United States

DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199911

ED Entered STN: 20000111
Last Updated on STN: 20000111
Entered Medline: 19991104

L8 ANSWER 8 OF 29 MEDLINE on STN

AN 1999116784 MEDLINE

DN PubMed ID: 9920056

TI Effects of 1-year treatment with octreotide on cardiac performance in patients with acromegaly.

AU Colao A; Cuocolo A; Marzullo P; Nicolai E; Ferone D; Florimonte L; Salvatore M; Lombardi G

CS Department of Molecular and Clinical Endocrinology and Oncology, Federico II University of Naples, Italy.. rpivone@tin.it

SO Journal of clinical endocrinology and metabolism, (1999 Jan) 84 (1) 17-23.
Journal code: 0375362. ISSN: 0021-972X.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199902

ED Entered STN: 19990216
Last Updated on STN: 19990216
Entered Medline: 19990203

L8 ANSWER 9 OF 29 MEDLINE on STN

AN 1998114023 MEDLINE

DN PubMed ID: 9453278

TI Childhood cancer and later development of the metabolic syndrome.

AU Talvensaari K; Knip M

SO Annals of medicine, (1997 Oct) 29 (5) 353-5.
Journal code: 8906388. ISSN: 0785-3890.

CY ENGLAND: United Kingdom

DT Editorial

LA English

FS Priority Journals

EM 199803

ED Entered STN: 19980407
Last Updated on STN: 19980407
Entered Medline: 19980320

L8 ANSWER 10 OF 29 MEDLINE on STN

AN 93208904 MEDLINE

DN PubMed ID: 8458096

TI Blood pressure and the renin-angiotensin-aldosterone system in children receiving recombinant human growth hormone.

AU Barton J S; Hindmarsh P C; Preece M A; Brook C G

CS International Growth Research Centre, Institute of Child Health, London,

UK.

SO Clinical endocrinology, (1993 Mar) 38 (3) 245-51.
Journal code: 0346653. ISSN: 0300-0664.

CY ENGLAND: United Kingdom

DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 199304

ED Entered STN: 19930514
Last Updated on STN: 19930514
Entered Medline: 19930429

L8 ANSWER 11 OF 29 MEDLINE on STN

AN 90331406 MEDLINE

DN PubMed ID: 2198380

TI Acromegaly and hypertension: prevalence and relationship to the renin-angiotensin-aldosterone system.

AU Kraatz C; Benker G; Weber F; Ludecke D; Hirche H; Reinwein D

CS Abteilung für klinische Endokrinologie, Universität Essen.

SO Klinische Wochenschrift, (1990 Jun 19) 68 (12) 583-7.
Journal code: 2985205R. ISSN: 0023-2173.

CY GERMANY, WEST: Germany, Federal Republic of

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 199009

ED Entered STN: 19901012
Last Updated on STN: 19901012
Entered Medline: 19900905

L8 ANSWER 12 OF 29 MEDLINE on STN

AN 90000983 MEDLINE

DN PubMed ID: 2528980

TI Subclinical cardiac dysfunction in acromegaly: evidence for a specific disease of heart muscle.

CM Comment in: Br Heart J. 1990 Jul;64(1):106. PubMed ID: 2390394

AU Rodrigues E A; Caruana M P; Lahiri A; Nabarro J D; Jacobs H S; Raftery E B

CS Department of Cardiology, Northwick Park Hospital, Harrow.

SO British heart journal, (1989 Sep) 62 (3) 185-94.
Journal code: 0370634. ISSN: 0007-0769.

CY ENGLAND: United Kingdom

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 198911

ED Entered STN: 19900328
Last Updated on STN: 20000303
Entered Medline: 19891107

L8 ANSWER 13 OF 29 MEDLINE on STN

AN 89142488 MEDLINE

DN PubMed ID: 2465437

TI Antihypertensive therapy with ketanserin: metabolic and hemodynamic effects.

AU Levinson P D; Zimlichman R; Goldstein D S; Keiser H R

CS Hypertension-Endocrine Branch, National Heart, Lung, and Blood Institute, Bethesda, Maryland.

SO Journal of cardiovascular pharmacology, (1988 Oct) 12 (4) 384-9.
Journal code: 7902492. ISSN: 0160-2446.

CY United States

DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LA English
FS Priority Journals
EM 198904

ED Entered STN: 19900306
Last Updated on STN: 19960129
Entered Medline: 19890405

L8 ANSWER 14 OF 29 MEDLINE on STN

AN 82280761 MEDLINE

DN PubMed ID: 7051762

TI Effect of metoprolol and alprenolol on the metabolic, hormonal, and haemodynamic response to insulin-induced hypoglycaemia in hypertensive, insulin-dependent diabetics.

AU Ostman J; Arner P; Haglund K; Juhlin-Dannfelt A; Nowak J; Wennlund A

SO Acta medica Scandinavica, (1982) 211 (5) 381-5.

Journal code: 0370330. ISSN: 0001-6101.

CY Sweden

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 198210

ED Entered STN: 19900317

Last Updated on STN: 19970203

Entered Medline: 19821012

L8 ANSWER 15 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER

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on STN

AN 2004100818 EMBASE

TI Systemic Complications of Acromegaly: Epidemiology, Pathogenesis, and Management.

AU Colao A.; Ferone D.; Marzullo P.; Lombardi G.

CS Dr. A. Colao, Dept. Molec. Clin. Endocrinol. O., Federico II University,

via S. Pansini 5, 80131 Napoli, Italy. colao@unina.it

SO Endocrine Reviews, (2004) 25/1 (102-152).

Refs: 473

ISSN: 0163-769X CODEN: ERVIDP

CY United States

DT Journal; General Review

FS 003 Endocrinology

006 Internal Medicine

018 Cardiovascular Diseases and Cardiovascular Surgery

037 Drug Literature Index

048 Gastroenterology

LA English

SL English

L8 ANSWER 16 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER

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on STN

AN 2003159559 EMBASE

TI Noninvasive assessment of arterial stiffness and risk of atherosclerotic events.

AU Oliver J.J.; Webb D.J.

CS J.J. Oliver, Clin. Pharmacol. U. and Res. Center, University of Edinburgh,

Western General Hospital, Crewe Road South, Edinburgh EH4 2XU,

United

Kingdom. James.Oliver@ed.ac.uk

SO Arteriosclerosis, Thrombosis, and Vascular Biology, (1 Apr 2003) 23/4

(554-566).

Refs: 168

ISSN: 1079-5642 CODEN: ATVBFA

CY United States

DT Journal; General Review

FS 018 Cardiovascular Diseases and Cardiovascular Surgery

027 Biophysics, Bioengineering and Medical Instrumentation

037 Drug Literature Index

LA English

SL English

L8 ANSWER 17 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER

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on STN

AN 2003066465 EMBASE

TI Effects of long-term growth hormone treatment on body composition, carbohydrate metabolism, blood pressure and lipids in

short children born small for gestational age.

AU Hokken-Koelega A.C.S.; Sas T.; Van Pareren Y.

CS A.C.S. Hokken-Koelega, Sophia Children's Hospital, Department of

Paediatrics, Erasmus University Medical Centre, Rotterdam, Netherlands

SO Hormone Research, (2003) 59/SUPPL. 1 (138).

ISSN: 0301-0163 CODEN: HRMRA3

CY Switzerland

DT Journal; Conference Article

FS 003 Endocrinology

006 Internal Medicine

021 Developmental Biology and Teratology

030 Pharmacology

037 Drug Literature Index

LA English

L8 ANSWER 18 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER

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on STN

AN 2001129117 EMBASE

TI [Amlodipine in study program on physical activity and on risk reduction in

treated hypertensives (SPORT-H) - Hemodynamic, metabolic and hormonal

effects in physically active patients with arterial hypertension

].

AMLODIPIN IM STUDY PROGRAM ON PHYSICAL ACTIVITY AND ON RISK REDUCTION IN

TREATED HYPERTENSIVES (SPORT-H) -

HAMODYNAMISCHE, METABOLISCHE UND

HORMONALE EFFEKTE BEI KORPERLICH AKTIVEN

PATIENTEN MIT ARTERIELLER

HYPERTONIE.

AU Schramm Th.; Rost R.E.; Predel H.G.

CS Th. Schramm, Lehrstuhl Innere Med. II Univ. Koln, Krankenhaus Merheim,

D-51058 Koln, Germany. schrammt@smail.uni-koeln.de

SO Journal fur Hypertonie, (2001) 5/1 (23-28).

Refs: 20

ISSN: 1028-2327 CODEN: JHYPFE

CY Austria

DT Journal; Article

FS 018 Cardiovascular Diseases and Cardiovascular Surgery

037 Drug Literature Index

LA German

SL English; German

L8 ANSWER 19 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER

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on STN

AN 1999378991 EMBASE

TI Clinical potential of growth hormone in the treatment of congestive heart failure.

AU Isgaard J.; Bergh C.-H.
 CS Dr. J. Isgaard, Res. Endocrinology/Metabolism Center, Sahlgrenska
 University Hospital, Gröna Stråke 8, SE-413 45 Göteborg, Sweden.
 jorgen.isgaard@ss.gu.se
 SO BioDrugs, (1999) 12/4 (245-250).
 Refs: 48
 ISSN: 1173-8804 CODEN: BIDRF4
 CY New Zealand
 DT Journal; General Review
 FS 003 Endocrinology
 018 Cardiovascular Diseases and Cardiovascular Surgery
 037 Drug Literature Index
 038 Adverse Reactions Titles
 LA English
 SL English

L8 ANSWER 20 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER
 INC. ALL RIGHTS RESERVED.
 on STN
 AN 1998196289 EMBASE
 TI Effect of octreotide on 24-h blood pressure profile in acromegaly.
 AU Fallo F.; Barzon L.; Boscaro M.; Casiglia E.; Sonino N.
 CS Dr. F. Fallo, Division of Endocrinology, University of Padova, Via
 Ospedale 105, 35128 Padova, Italy
 SO American Journal of Hypertension, (1998) 11/5 (591-596).
 Refs: 32
 ISSN: 0895-7061 CODEN: AJHYE6
 PUI S 0895-7061(98)00029-6
 CY United States
 DT Journal; Article
 FS 003 Endocrinology
 006 Internal Medicine
 018 Cardiovascular Diseases and Cardiovascular Surgery
 030 Pharmacology
 037 Drug Literature Index
 LA English
 SL English

L8 ANSWER 21 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER
 INC. ALL RIGHTS RESERVED.
 on STN
 AN 97377956 EMBASE
 DN 1997377956
 TI Childhood cancer and later development of the metabolic syndrome.
 AU Talvensaari K.; Knip M.
 CS Dr. M. Knip, Medical School, University of Tampere, PO Box 607,
 FIN-33101,
 Tampere, Finland. Ilmkn@uta.fi
 SO Annals of Medicine, (1997) 29/5 (353-355).
 Refs: 10
 ISSN: 0785-3890 CODEN: ANMDEU
 CY United Kingdom
 DT Journal; (Short Survey)
 FS 007 Pediatrics and Pediatric Surgery
 016 Cancer
 LA English
 SL English

L8 ANSWER 22 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER
 INC. ALL RIGHTS RESERVED.
 on STN
 AN 97301134 EMBASE
 DN 1997301134
 TI Effect of octreotide pretreatment on surgical outcome in
 acromegaly.
 AU Colao A.; Ferone D.; Cappabianca P.; De Caro M.L.D.B.;
 Marzullo P.;
 Monticelli A.; Alfieri A.; Merola B.; Cali A.; De Divitiis E.;
 Lombardi G.

CS Dr. A. Colao, DMCEO, Federico II University, Via A. Manzoni
 150, 80123
 Naples, Italy
 SO Journal of Clinical Endocrinology and Metabolism, (1997) 82/10
 (3308-3314).
 Refs: 21
 ISSN: 0021-972X CODEN: JCEMAZ
 CY United States
 DT Journal; Article
 FS 003 Endocrinology
 037 Drug Literature Index
 LA English
 SL English

L8 ANSWER 23 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER
 INC. ALL RIGHTS RESERVED.
 on STN
 AN 94127951 EMBASE
 DN 1994127951
 TI ACE inhibition and physical exercise: Studies on physical work
 capacity,
 energy metabolism, and maximum oxygen uptake in well-trained,
 healthy
 subjects.
 AU Predel H.-G.; Röhden C.; Heine G.; Prinz U.; Rost R.E.
 CS Inst. of Cardiology/Sport Medicine, German Sport
 University, Cologne,
 Germany
 SO Journal of Cardiovascular Pharmacology, (1994) 23/SUPPL. 1
 (S25-S28).
 ISSN: 0160-2446 CODEN: JPCPDT
 CY United States
 DT Journal; Conference Article
 FS 006 Internal Medicine
 018 Cardiovascular Diseases and Cardiovascular Surgery
 029 Clinical Biochemistry
 030 Pharmacology
 037 Drug Literature Index
 LA English
 SL English

L8 ANSWER 24 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER
 INC. ALL RIGHTS RESERVED.
 on STN
 AN 93205893 EMBASE
 DN 1993205893
 TI Long-term echocardiographic follow-up of acromegalic heart
 disease.
 AU Hradec J.; Marek J.; Kral J.; Janota T.; Poloniecki J.; Malik M.
 CS Department of Cardiological Sciences, St. George's Hospital
 Medical
 School, Cranmer Terrace, London SW17 0RE, United Kingdom
 SO American Journal of Cardiology, (1993) 72/2 (205-210).
 ISSN: 0002-9149 CODEN: AJCDAG
 CY United States
 DT Journal; Article
 FS 003 Endocrinology
 006 Internal Medicine
 018 Cardiovascular Diseases and Cardiovascular Surgery
 037 Drug Literature Index
 LA English
 SL English

L8 ANSWER 25 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER
 INC. ALL RIGHTS RESERVED.
 on STN
 AN 88001928 EMBASE
 DN 1988001928
 TI Adrenergic system and carbohydrate metabolism. Effects of beta-
 receptor

blockade on insulin secretion and peripheral insulin sensitivity in normoglycaemic patients.

AU Ferrara L.A.; Capaldo B.; Rivellesse A.; Genovese S.; Iovine C.; Mastranzo

P.; Cirillo F.; Mancini M.

CS Institute of Internal Medicine and Metabolic Disease, Clinica Medica,

University of Naples, I-80131 Naples, Italy

SO European Journal of Clinical Pharmacology, (1987) 33/3 (273-277).

ISSN: 0031-6970 CODEN: EJCPAS

CY Germany

DT Journal

FS 003 Endocrinology

006 Internal Medicine

018 Cardiovascular Diseases and Cardiovascular Surgery

030 Pharmacology

037 Drug Literature Index

038 Adverse Reactions Titles

LA English

SL English

L8 ANSWER 26 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.

on STN

AN 85193183 EMBASE

DN 1985193183

TI Anti-opiate (naloxone) suppression of Cushingoid degenerative changes in obese/SHR.

AU Wexler B.C.; McMurtry J.P.

CS May Institute for Medical Research of the Jewish Hospital, Cincinnati, OH,

United States

SO International Journal of Obesity, (1985) 9/2 (77-91).

CODEN: IJOBPD

CY United Kingdom

DT Journal

FS 037 Drug Literature Index

030 Pharmacology

008 Neurology and Neurosurgery

003 Endocrinology

LA English

L8 ANSWER 27 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AN 2003:343794 BIOSIS

DN PREV200300343794

TI The effects of depot long-acting somatostatin analog on central aortic

pressure and arterial stiffness in acromegaly.

AU Smith, J. C. [Reprint Author]; Lane, H.; Davies, N.; Evans, L. M.; Cockcroft, J.; Scanlon, M. F.; Davies, J. S.

CS Department of Diabetes and Endocrinology, Bristol Royal Infirmary, Old

Building, Bristol, BS2 8HW, UK

jamie.smith@virgin.net

SO Journal of Clinical Endocrinology & Metabolism, (June 2003) Vol. 88, No.

6, pp. 2556-2561. print.

ISSN: 0021-972X (ISSN print).

DT Article

LA English

ED Entered STN: 23 Jul 2003

Last Updated on STN: 23 Jul 2003

L8 ANSWER 28 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AN 1993:66189 BIOSIS

DN PREV199344031839

TI Effect of long-term growth hormone (GH) treatment on blood pressure (BP) in children.

AU Ogle, G. D.; Rosenberg, A. R.; Kainer, G.

CS Dep. Nephrol., Prince Wales Children's Hosp., Randwick, Sydney, N.S.W.

2031, Australia

SO Pediatric Nephrology, (1992) Vol. 6, No. 5, pp. C191.

Meeting Info.: 9th Congress of the International Pediatric

Nephrology

Association. Jerusalem, Israel. August 30-September 4, 1992.

ISSN: 0931-041X.

DT Conference; (Meeting)

LA English

ED Entered STN: 15 Jan 1993

Last Updated on STN: 17 Mar 1993

L8 ANSWER 29 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AN 1985:329796 BIOSIS

DN PREV198579109792; BA79:109792

TI NIFEDIPINE DOES NOT IMPAIR THE HORMONAL RESPONSES TO GRADED EXERCISE IN HEALTHY SUBJECTS.

AU JOFFE B I [Reprint author]; SHIRES R; LAMPREY J M; KALK W J; BOTHA A;

HAITAS B; SEFTEL H C

CS DEP OF MEDICINE, UNIVERSITY OF THE

WITWATERSRAND MEDICAL SCHOOL, YORK RD,

PARKTOWN 2139, JOHANNESBURG, SOUTH AFRICA

SO Hormone Research (Basel), (1985) Vol. 21, No. 2, pp. 88-94.

CODEN: HRMRA3. ISSN: 0301-0163.

DT Article

FS BA

LA ENGLISH

=> d 28 abs

L8 ANSWER 28 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

=> d 27 abs

L8 ANSWER 27 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Acromegaly is associated with increased cardiovascular risk.

Although

conventional risk factors such as glucose intolerance, hypertension, and dyslipidemia probably contribute, there may also be direct effects of GH/IGF-I excess on the vasculature. To study the effects of GH excess on the vasculature, we have assessed arterial stiffness in acromegalic subjects with and without active disease and have

investigated the effects of Sandostatin LAR (OCT-LAR) on vascular function. Sixteen normotensive subjects with acromegaly (10 males and 6

females) and 8 healthy controls were studied. Of the acromegalic subjects, eight had active disease (group A), and eight were cured (GH<2.5

mU/liter; group B). The three groups were age, sex, and blood pressure

matched. Group A subjects were restudied after 3 and 6 months of OCT-LAR

therapy. Arterial stiffness was assessed by analyzing central arterial pressure waveforms derived from measured radial artery waveforms. This

allowed determination of the augmentation of central pressure and the

augmentation index. Lipids, glucose, and IGF-I were also measured.

Comparing the three groups (ANOVA; mean \pm -SD), the augmentation index was higher in group A (28 \pm 12 vs. 12 \pm 13%; P<0.01) but not in group B (22 \pm 7 vs. 12 \pm 13%; P=0.60), compared with controls. IGF-I was higher in group A (50.3 \pm 21.2 nmol/liter; P<0.01), compared with group B (22.5 \pm 8.9 nmol/liter) and controls (19.5 \pm 5.3 nmol/liter). On regression analysis, IGF-I concentration was identified as a strong independent predictor of the augmentation index (beta=0.50; P=0.007). There were no significant differences in aortic systolic pressure, aortic diastolic pressure, lipids, or glucose. Compared with baseline, OCT-LAR treatment resulted in a lowering of augmentation index at 3 months (20 \pm 15 vs. 28 \pm 12%; P<0.05), but at 6 months (24 \pm 16%; P=0.21) there was no significant change. IGF-I was reduced from 50.3 \pm 21.2 nmol/liter at baseline to 31.4 \pm 13.2 nmol/liter at 3 months (P<0.05) and 26.6 \pm 15.8 nmol/liter at 6 months (P<0.05). In conclusion, acromegaly is associated with changes in the central arterial pressure waveform, suggesting large artery stiffening. This may have important implications for cardiac morphology and performance in acromegaly as well as increasing the susceptibility to atheromatous disease. Large artery stiffness is reduced in cured acromegaly and partially reversed after pharmacological treatment of active disease.

=> d 19 abs

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on STN
AB Substantial evidence supports a role for the growth hormone (GH)/insulin-like growth factor 1 (IGF-I) axis in regulation of normal cardiac growth, structure and function. Moreover, experimental data suggest beneficial effects of GH and IGF-1 on contractility and peripheral resistance in rats with impaired cardiac function. An increased Ca⁺⁺ responsiveness is one possible underlying cause for the improvement in contractility, although effects of GH and IGF-1 on apoptosis may also play a more long term role for cardiomyocyte survival. Until recently, studies regarding GH treatment in heart failure were limited to case reports where administration dramatically improved cardiac function in a small non-blind study of patients with idiopathic dilated cardiomyopathy and congestive heart failure (CHF) without GH deficiency who received treatment with recombinant GH (somatropin) for 3 months, considerable improvement of cardiac function was reported. More recent studies have demonstrated beneficial effects in patients with CHF due to both ischaemic and idiopathic dilated cardiomyopathy, with improvements in haemodynamics when somatropin was added both as a maintenance therapy and as a short term infusion. So far, 2 placebo-controlled studies with somatropin as adjunctive therapy in patients with CHF have been reported, although neither study could confirm previously reported improvement in systolic function and lowering of wall stress. In summary, it is

clear that further placebo-controlled clinical trials are mandatory to verify positive effects and to monitor long term safety when somatropin is administered as an agent in the treatment of CHF.

=> d 10 abs

L8 ANSWER 10 OF 29 MEDLINE on STN

AB OBJECTIVE: We investigated the effect of growth hormone (GH) treatment on salt and water metabolism and the renin-angiotensin-aldosterone system in children with short stature. DESIGN: Randomized, controlled study. PATIENTS: Twenty-nine short, pre-pubertal children referred to two specialist growth clinics for further assessment. MEASUREMENTS: Serial measurements of blood pressure, body weight, plasma renin activity (PRA), aldosterone, electrolytes, insulin and insulin-like growth factor I (IGF-I) have been made following the initiation of GH treatment. RESULTS: A small and transient increase in systolic blood pressure was observed during the first week of GH treatment. The increase in blood pressure over baseline was -1.1 mmHg in controls compared to +11.5 and +3.0 mmHg in children receiving standard (20 units/m2/week) and high dose (40 units/m2/week) GH respectively (P = 0.004). Over the same time interval body weight also tended to increase with GH compared with controls. These changes were greater in those children receiving the lower dose of GH and were not significantly related to age or prior GH status. PRA did not change with GH treatment. Although plasma aldosterone concentration tended to increase with GH, maximal values did not differ from controls and all remained within our normal range. Plasma IgF-I levels were increased by a similar amount in both treatment groups (1.5 and 1.12 U/ml compared to 0.44 U/ml in controls at 4 months). No difference in plasma insulin concentration was noted after 7 days of GH. CONCLUSIONS: In contrast to adult subjects, treatment with high dose GH in childhood is not associated with activation of the renin-angiotensin-aldosterone system. Clinical signs consistent with transient salt and water retention are observed with GH therapy, however, suggesting either a direct effect of GH or of IGF-I on renal tubular function. Blood pressure, plasma renin activity and plasma aldosterone levels were not increased after more prolonged GH therapy. These data suggest that high dose GH therapy in childhood is unlikely to be associated with the increased risk of hypertension seen in adults with GH hypersecretion.

=> d 10 absd 7 abs

'ABSD' IS NOT A VALID FORMAT

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REENTER DISPLAY FORMAT FOR ALL FILES
(FILEDEFAULT):abs

L8 ANSWER 10 OF 29 MEDLINE on STN

AB OBJECTIVE: We investigated the effect of growth hormone (GH) treatment on salt and water metabolism and the

renin-angiotensin-aldosterone system in children with short stature. DESIGN: Randomized, controlled study. PATIENTS: Twenty-nine short, pre-pubertal children referred to two specialist growth clinics for further assessment. MEASUREMENTS: Serial measurements of blood pressure, body weight, plasma renin activity (PRA), aldosterone, electrolytes, insulin and insulin-like growth factor I (IGF-I) have been made following the initiation of GH treatment. RESULTS: A small and transient increase in systolic blood pressure was observed during the first week of GH treatment. The increase in blood pressure over baseline was -1.1 mmHg in controls compared to +11.5 and +3.0 mmHg in children receiving standard (20 units/m2/week) and high dose (40 units/m2/week) GH respectively ($P = 0.004$). Over the same time interval body weight also tended to increase with GH compared with controls. These changes were greater in those children receiving the lower dose of GH and were not significantly related to age or prior GH status. PRA did not change with GH treatment. Although plasma aldosterone concentration tended to increase with GH, maximal values did not differ from controls and all remained within our normal range. Plasma IGF-I levels were increased by a similar amount in both treatment groups (1.5 and 1.12 U/ml compared to 0.44 U/ml in controls at 4 months). No difference in plasma insulin concentration was noted after 7 days of GH. CONCLUSIONS: In contrast to adult subjects, treatment with high dose GH in childhood is not associated with activation of the renin-angiotensin-aldosterone system. Clinical signs consistent with transient salt and water retention are observed with GH therapy, however, suggesting either a direct effect of GH or of IGF-I on renal tubular function. Blood pressure, plasma renin activity and plasma aldosterone levels were not increased after more prolonged GH therapy. These data suggest that high dose GH therapy in childhood is unlikely to be associated with the increased risk of hypertension seen in adults with GH hypersecretion.

L8 ANSWER 7 OF 29 MEDLINE on STN

AB OBJECTIVE: To assess the effects of long-term growth hormone (GH) treatment for short stature on left ventricular (LV) dimensions and systemic blood pressure (BP) in girls with Turner's syndrome without clinically relevant cardiac abnormalities. STUDY DESIGN: LV dimensions measured by echocardiography and systemic BP were assessed before and during 7 years of GH treatment in 68 girls with Turner's syndrome participating in a randomized dose-response study. These previously untreated girls, age 2 to 11 years, were randomly assigned to 1 of 3 GH dosage groups: group A, 4 IU/m(2)/d; group B, first year 4 IU/m(2)/d, thereafter 6 IU/m(2)/d; group C, first year 4 IU/m(2)/d, second year 6 IU/m(2)/d, thereafter 8 IU/m(2)/d. After the first 4 years, girls ≥ 12 years of age began receiving 17beta-estradiol, 5 microg/kg body weight per day, for induction of puberty. RESULTS: At baseline the

LV dimensions of almost every girl were within the normal range, and the mean SD scores were close to zero. During 7 years of GH treatment, the growth of the left ventricle was comparable to that of healthy girls. No signs of LV hypertrophy were found. Before the start of GH treatment, mean BP was within the normal range but significantly higher than in healthy control subjects. Diastolic BP and systolic BP were above the 90th percentile in 23% and 28% of the girls, respectively. After 7 years of treatment, these percentages were 14% and 36%, respectively (not significantly different from baseline). The SD score of the diastolic BP showed a small decrease after 7 years of treatment. The growth of the left ventricle and the development of BP were not different between the GH dosage groups. CONCLUSIONS: Long-term GH treatment, even at dosages up to 8 IU/m(2)/d, does not result in LV hypertrophy or hypertension in girls with Turner's syndrome. Continued observation into adulthood is recommended to monitor the further development of the relatively high BP and to ensure that GH treatment has no long-term negative effect on the heart.

=> d 7

L8 ANSWER 7 OF 29 MEDLINE on STN

AN 1999447787 MEDLINE

DN PubMed ID: 10518081

TI The effects of long-term growth hormone treatment on cardiac left ventricular dimensions and blood pressure in girls with Turner's syndrome. Dutch Working Group on Growth Hormone.

AU Sas T C; Cromme-Dijkhuis A H; de Muinck Keizer-Schrama S M; Stijnen T; van

Teunenbroek A; Drop S L

CS Department of Pediatrics, Division of Endocrinology, Sophia Children's

Hospital, Rotterdam, The Netherlands.

SO Journal of pediatrics, (1999 Oct) 135 (4) 470-6.

Journal code: 0375410. ISSN: 0022-3476.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(MULTICENTER STUDY)

(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199911

ED Entered STN: 20000111

Last Updated on STN: 20000111

Entered Medline: 19991104

=> d 6 abs

L8 ANSWER 6 OF 29 MEDLINE on STN

AB INTRODUCTION: Elevated blood pressure (BP) is an important predictor of morbidity and mortality from cardiovascular disease. Patients with Turner syndrome (TS) have a higher morbidity and mortality in middle age than the normal population. As BP in childhood or early adulthood is predictive of BP later in adult life, we assessed manual and 24 h ambulatory BP in patients with TS to determine whether the BP pattern is altered at an

early stage in these patients who are known to be at risk of cardiovascular disease. **PATIENTS AND METHODS:** We studied manual and 24 h ambulatory BP profiles in 75 girls with Turner syndrome, age range 5.4-22.4 years. A monitor with an oscillometric device (SpaceLabs model 90207) and an appropriate sized cuff was used. BP was measured during the day-time (0800-2000 h) and the night-time periods (2200-0800 h). The BP measured were compared with population standards. The effect of different growth promoting agents on BP was also evaluated. **RESULTS:** Mean manual and 24 h ambulatory BP measurements were 118/77 mmHg (range 95/60-140/102) and 115/70 mmHg (range 93/57-154/99), respectively. There was minimal difference between the two methods with a positive bias of 2.4 mmHg for diastolic BP and a negative bias of 2.1 mmHg for systolic BP. The mean standard deviation scores (SDS) corresponding to the mean BP recordings were 24 h systolic + 0.81 (range - 1.26 to + 4.45), 24 h diastolic + 0.43 (range - 0.85 to + 3.42), day-time systolic + 1.08 (range - 0.95 to + 4.72), day-time diastolic + 0.70 (range - 0.94 to + 3.71), night-time systolic + 0.22 (range -2.2 to + 3.64) and night-time diastolic - 0.18 (range -2.0 to + 2.43). The SDS for both the mean 24 h and day-time systolic and diastolic BP were shifted to the right of the normal distribution. 57% of the girls had less than the normal 10% reduction in nocturnal systolic blood pressure. 17% had diastolic and 21% had systolic blood pressure above the 95th percentile for age and sex. There was no significant difference in the BP SDS between girls on no treatment and those receiving treatment. **CONCLUSION:** Over 50% of girls with Turner syndrome have an abnormal BP circadian rhythm, which is similar to adult patients with secondary hypertension. Patients with Turner syndrome have higher blood pressure measurements compared to published population standards, as evidenced by the shift to the right of both the systolic and diastolic BP SDS. These findings suggest that girls with Turner syndrome should be carefully monitored in childhood and adulthood for blood pressure and other cardiovascular risk factors.

=> d 3 abs

L8 ANSWER 3 OF 29 MEDLINE on STN

AB **OBJECTIVE:** Increased prevalence of hypertension and cardiovascular mortality have been reported in hypopituitary patients who had been appropriately replaced with conventional pituitary hormones except GH. Growth hormone replacement (GHR) results in improvement of surrogate markers of cardiovascular function. **Data on** effects of GHR on blood pressure (BP) in adult growth hormone deficiency (AGHD), however, remain contradictory. There are as yet no reports on BP circadian rhythms in untreated or treated AGHD. Therefore, in a 12-month follow-up study, we evaluated the effects

of GHR on ambulatory blood pressure (ABP) in AGHD patients.

STUDY DESIGN:

A prospective, open treatment design study to determine the

effects of GHR on ABP and heart rate in AGHD patients. GH was commenced at a daily dose of 0.5 IU, and titrated up by increments of 0.25 IU at 4-weekly intervals to achieve and maintain IGF-I standard deviation score (IGF-I SD) between the median and upper end of the age-related reference range. **PATIENTS:** Twenty-two, post-pituitary surgery, severe AGHD patients (11 men), defined as peak GH response < 9 mU/l to provocative testing were recruited. The mean age +/- SEM was 48.8 +/- 2.5 years. Twenty-one patients required additional pituitary replacement hormones following pituitary surgery and were on optimal doses at recruitment. **MEASUREMENTS:** Twenty-four-hour ABP and heart rate (HR), body mass index (BMI), waist hip ratio (WHR) and total body water (TBW) were measured before and after 12 months on GHR. Cosinor analysis was used to analyse BP and HR circadian rhythm parameter estimates. **RESULTS:** Target IGF-I SD was achieved within 3 months of commencement of GHR in all patients (-3.5 +/- 0.4 at baseline vs. 0.8 +/- 0.2 at 3 months, $P < 0.001$) and remained within range at 12 months (1.1 +/- 0.2, $P < 0.001$ compared to baseline). A significant increase in TBW (45.8 +/- 1.2 vs. 47.8 +/- 1.5 kg, $P < 0.05$) but no significant change in BMI (30.7 +/- 2.2 vs. 31.8 +/- 2.7, $P = \text{NS}$) or WHR (0.95 +/- 0.02 vs. 0.93 +/- 0.02, $P = \text{NS}$) was observed after 12 months on GHR. The 24-h mean systolic ABP (SBP; 126.2 +/- 2.8 vs. 120.1 +/- 2.7 mmHg, $P < 0.001$) and diastolic ABP (DBP; 78.2 +/- 1.6 vs. 71.4 +/- 1.8 mmHg, $P < 0.001$) significantly decreased following GHR with a parallel increase in 24-h mean HR (69.6 +/- 2.5 vs. 73.8 +/- 2.5 beats/min; $P < 0.001$). A significant nocturnal decrease in SBP and DBP was observed both before (SBP; daytime, 129.1 +/- 2.8 vs. night time, 115.9 +/- 3.0 mmHg, $P < 0.001$ and DBP; daytime, 80.7 +/- 1.6 vs. night time, 69.2 +/- 1.8 mmHg, $P < 0.001$) and following GHR (SBP; daytime, 122.8 +/- 2.6 vs. night time, 110.0 +/- 3.6 mmHg, $P < 0.001$ and DBP; daytime, 73.9 +/- 1.8 vs. night time, 62.0 +/- 2.3 mmHg, $P < 0.001$). Individual and population-mean cosinor analysis demonstrated significant circadian rhythms for SBP, DBP and HR before and after 12 months on GHR ($P < 0.001$), suggesting that SBP, DBP and HR circadian rhythms were not altered by GHR. There was, however, a significant reduction in SBP (124.2 +/- 2.8 vs. 118.4 +/- 2.8 mmHg, $P < 0.001$) and DBP (77.0 +/- 1.6 vs. 70.2 +/- 1.8 mmHg, $P < 0.001$) MESOR with an increase in HR MESOR (68.9 +/- 2.5 vs. 72.2 +/- 2.4 beats/min, $P < 0.01$) following GHR. **CONCLUSIONS:** Systolic and diastolic BP and HR circadian rhythms are preserved in AGHD following 12 months of GHR.

However, there is a significant decrease in 24-h mean SBP and DBP and increase in 24-h mean HR after 12 months on GHR. We postulate that this decrease in 24-h mean SBP and DBP may result in a reduction of cardiovascular morbidity and mortality and may explain the beneficial effects of GHR on cardiovascular system previously reported in AGHD patients.

=> d 3

L8 ANSWER 3 OF 29 MEDLINE on STN
AN 2002229506 MEDLINE
DN PubMed ID: 11966735
TI Effects of GH replacement on 24-h ambulatory blood pressure and its circadian rhythm in adult GH deficiency.
AU Ahmad Aftab M; Hopkins Marion T; Weston Philip J; Fraser William D; Vora Jiten P
CS Department of Diabetes & Endocrinology, Royal Liverpool University Hospital, Prescot Street, Liverpool L7 8XP, UK..
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SO Clinical endocrinology, (2002 Apr) 56 (4) 431-7.
Journal code: 0346653. ISSN: 0300-0664.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200207
ED Entered STN: 20020423
Last Updated on STN: 20020713
Entered Medline: 20020711

=> d 1 abs

L8 ANSWER 1 OF 29 MEDLINE on STN
AB Low birth weight has been associated with impaired insulin sensitivity, type 2 diabetes mellitus, hypertension and cardiovascular disease in later life. GH therapy is known to increase fasting and postprandial insulin levels. For this reason concern has been expressed regarding the possible detrimental effects of GH therapy in children born small for gestational age (SGA). To assess the effects of GH therapy on body composition, carbohydrate metabolism and final height in short SGA children, 165 prepubertal short children born SGA were enrolled in either a multicentre, double-blind, randomized, dose-response GH trial (n = 75) or in a GH controlled trial (n = 90). The inclusion criteria were: (1) birth length standard deviation score (SDS) below -2; (2) age 3-8 years; (3) height SDS below -2. The children's mean (SD) age was 7.3 (2.1) years (GH dose-response trial) and 6.0 (1.5) years (GH controlled trial), birth length SDS was -3.6 and height SDS was -3.0 (0.7). In the GH dose-response trial, children were randomly assigned to either 1 mg GH/m(2) per day (group A, n = 41) or 2 mg GH/m(2) per day (group B, n =

38) (approximately 0.033 or 0.067 mg/kg per day, respectively). In the

GH controlled trial, children were randomly assigned to 1 mg GH/m(2) per day (n = 60) or served as controls (n = 30). Subjects underwent standard oral glucose tolerance tests and measurement of body mass index, systolic and diastolic blood pressure and serum lipids at baseline and after 1 and 6 years of GH therapy and again 6 months after discontinuation of GH. Body composition was measured by dual energy x-ray absorptiometry at baseline and again after 3 years in the GH controlled trial. Mean (SD) final height SDS was not significantly different between the two GH dosage groups: -1.2 (0.7) in group A and -0.8 (0.7) in group B. At the start of GH therapy, 8% of children had impaired glucose tolerance (IGT). Systolic blood pressure was significantly higher in comparison with healthy peers. GH therapy induced considerably higher fasting and glucose-stimulated insulin levels after 1 and 6 years, regardless of GH dosage. After 6 years, 4% of children had IGT. Six months after discontinuation of GH, glucose levels remained normal, whereas fasting and glucose-stimulated insulin returned to levels comparable to those of healthy peers. None of the children developed diabetes. During 6 years of GH therapy both systolic and diastolic blood pressure decreased significantly and remained so after discontinuation of GH therapy. At baseline all children had reduced bone mineral content and lean body mass. Fat mass was not significantly lower than normal. Treatment with 1 mg GH/m(2) per day resulted in a significant increase in (and normalization of) bone mineral content and lean body mass in comparison with untreated short SGA controls. Fat mass decreased during the first year of GH but returned to values comparable to those at baseline in the following 2 years of GH therapy. We found that long-term, continuous GH therapy in short children born SGA leads to a normalization of height during childhood and to a normal final height in most children, regardless of GH dosage. Only very short or relatively older children may need a dosage of 2 mg GH/m(2) per day. Long-term GH therapy had no adverse effects on glucose levels and serum lipids and had a positive effect on blood pressure, even with GH dosages of up to 2 mg/m(2) per day. However, as has been reported in other patient groups, GH induced higher fasting and glucose-stimulated insulin levels, indicating insulin resistance. After discontinuation of GH serum insulin levels returned to normal age-reference levels. Short SGA children have a reduction in bone mineral content and lean body mass when compared with healthy controls, which significantly improved (normalized) with GH therapy at a dose of 1 mg/m(2) per day.
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=> d 1

L8 ANSWER 1 OF 29 MEDLINE on STN

AN 2003589268 IN-PROCESS
DN PubMed ID: 14671407
TI Final height data, body composition and glucose metabolism in
growth hormone-treated short children born small for
gestational age.
AU Hokken-Koelega A C S; van Pareren Y; Sas T; Arends N
CS Division of Endocrinology, Department of Pediatrics, Erasmus
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SO Hormone research, (2003) 60 Suppl 3 113-4.
Journal code: 0366126. ISSN: 0301-0163.
CY Switzerland
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS IN-PROCESS; NONINDEXED; Priority Journals
ED Entered STN: 20031216
Last Updated on STN: 20040107